

# SMCS Arbitrator Information and Renewal Form

*Return completed form to SMCS headquarters (San Francisco).*

**I. Arbitrator name:** \_\_\_\_\_

Business phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
fax number: \_\_\_\_\_ email address: \_\_\_\_\_

**II. Mailing addresses** (if more than one, indicate which is your preferred address):

Northern California \_\_\_\_\_

Central California \_\_\_\_\_

Southern California \_\_\_\_\_

## **III. Regional Listings**

Indicate the regions of the state for which you wish to be referred. **In doing so, you agree to either bill from a local address (as above), or from the regional office of SMCS (or in Central CA, the state building in Fresno), or your regular office (if closer).**

\_\_\_ Northern CA (SF)      \_\_\_ Central CA (Fresno)      \_\_\_ Southern CA (LA)

## **IV. Availability/Renewal of Listing**

Mark the statement below that applies to your situation:

I am currently able to offer the parties at least five dates within a sixty-day period after selection;

I am currently available, but may not have five dates to offer the parties within a sixty-day period after selection; or

I do not wish to be listed by SMCS until \_\_\_\_\_ (enter date or “further notice”).

\*\*\*\*\*

Your signature indicates your agreement to the regional listing requirements and your understanding that the parties will receive your mailing address:

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_